NJD0021464457

\$EPA	١
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POTENTIAL HAZARDOUS WASTE SITE

	_
I. IDENTIFICATION	

\$EPA	CURRENT D PART 1 - SI	01 STATE 02	01 STATE 02 SITE NUMBER	
II. SITE NAME AND LOCATION				
O1 SITE NAME (Legal, common, or descriptive name of site)		02 STREET, ROUTE NO., OR	OTHER SPECIFIC LOCATION IDENT	(IFIER
1 111 1 1 1 1 1 1 1 1 1	9			
SOMERSET (FRANK	EMICAL CORP.		ERSET ST.	
103 CHY	, l'	05 ZIP CODE	06 COUNTY	07COUNTY 08 CONG CODE DIST
JOMERSET (FRANK	CLIM TWP.)	N.J. 08873	SOMERSET	
III. CURRENT SITE STATUS				
01 REPORTING DATE				
MONTH DAY YEAR				
02 TRACKING COMPLETED (Check one if applicable)				
☐ A. SITE REQUIRED NO RESPONSE . ☐ B. ALL ACT	GOVERNMENT FINANCED IVITIES COMPLETED	☐ C. ALL PRIVATELY FI ACTIVITIES COMP		LOSED
DATE DAT		DATE	DATE	
CLOSED / / / CON	MONTH DAY YEAR	COMPLETED	//_CLOSE	MONTH DAY YEAR
			TEM	Month Bar Term
	AL COST			
03 PENDNG (Check if applicable)				
☐ FURTHER RESEARCH AND ANALYSIS F	REQUIRED	EXPECTED COMPLET	ION DATE // / MONTH DAY YEAR	-
REFERENCE				•
04 MONITORING (Check if applicable)				
THE REQUIRES CONTINUED SURVEILL	ANCE/MONITORING		IONTHLY B. SEMI AN	
REFERENCE		⊔ C. Q	UARTERLY D. ANNUAL	.LY
05 FULL FIELD INVESTIGATION (Check one if applicable)				
☐ A. NEEDED ☐ B. IN PR	OGRESS C.	COMPLETED	DATE COMPLETED	DAY YEAR
06 REMEDIAL RESPONSE (Check one if applicable)				
☐ A. NEEDED ☐ B. IN PR	OGRESS C.	COMPLETED	DATE COMPLETED	DAY YEAR
07 PLANNED REMOVAL (Check one if applicable)				
☐ A. NEEDED ☐ B. IN PF	OGRESS C.	COMPLETED	DATE COMPLETED	1
08 IMMEDIATE REMOVAL (Check one if applicable)			MONTH	DAY YEAR
□ B. IN PF	OGRESS C.	COMPLETED	DATE COMPLETED	!
09 RESPONSIBLE PARTIES (Check if applicable)			MONTH	DAY YEAR
i i i i i i i i i i i i i i i i i i i				
☐ RESPONSE/REMOVAL ACTIVITIES UND	ER CONTROL OF RESPONSIB	LE PARTIES		!
10 ENFORCEMENT (Privately financed removal/response activities	linked to enforcement are carried in the En	forcement Docket System)		
1 A. ADMINISTRATIVE ORDER ISSUED	□ B. C	VIL/CRIMINAL LITIGATION	I FILED	
	n	ATE FILED / /		
DATE ISSUED// CONTROL OF THE PROPERTY		ATE FILED / / MONTH DAY Y	EAR	
	W	HERE FILED	(Judicial District)	
COMPLIANCE DATE MONTH DAY YE	AR II	IDOCAENT/CETTI EMENIT	•	
	JI	JDGEMENT/SETTLEMENT	MONTH DAY YEAR	
IV. SITE RANKING				
01 SITE RANKING AVAILABLE (Check one)			lo	2 STATE PRIORITY
□ A. YES RANKING: □	B. NO C. PLANNED	D. UNNECESSARY		
G A. 160 HARMAG.	D. NO E O. PENNIED	D. ONNECESSANT	L. ONNOWN	
V. SOURCES OF INFORMATION (Cite specific reference	ces, e.g., state files, sample analysis, repo	rts) .		
EPA PRELIMINARY A	ASSESMENT			
_	-			
N.J. STATE FILE	5			
VI. INFORMATION AVAILABLE FROM				
01 PREPARED BY	02 AGENCY	03 ORGANIZATION	04 TELEPHONE NO.	05 DATE
AARON KLEINBA	un EPA	OERR	(212) 264 0106	3/1/84
HARON KLEINBA	UM E/A	I ULKK		MONTH DAY YEAR

POTENTIAL HAZARDOUS WASTE SITE				I. IDENTIFICATION	
CURRENT DISPOSITION			0	01 STATE 02 SITE NUMBER	
	PART 2 - GOVERN	IMENT FINANCED RES	SPONSE/F	REMOVAL ACTIVITIES	;
II. RESPONSE/REMOVA	A ACTIVITIES				
01 TYPE OF ACTIVITY (Check o				02 RESPONSE/REMOVAL A	STIVITY
	ONSE 🗆 B. PLANNED REMO	OVAL C. IMMEDIATE RE	MOVAL	OZ NESFONSE/NEWOVAL A	511411
03 LEAD AGENCY		04 PARTICIPATING AGE	NCIES	<u> </u>	····
05 START DATE	06 EST. COMP. DATE	07 ACTUAL COMP. DATE	08 ESTIM	ATED COST	09 ACTUAL COST
MONTH DAY YEAR	MONTH DAY YEAR	MONTH DAY YEAR			
A. SOURCE	10 SOURCES OF FUNDING A. SOURCE				AMOUNT
11 NARRATIVE DESCRIPTION				· · · ·	
12 SOURCE OF INFORMATIO					
01 TYPE OF ACTIVITY (Check or				02 RESPONSE/REMOVAL AC	TIVITY
	ONSE 🗆 B. PLANNED REMO	OVAL 🗀 C. IMMEDIATE RE	MOVAL	or the or or the real of the real	
03 LEAD AGENCY		04 PARTICIPATING AGEN	ICIES		
05 START DATE	06 EST. COMP. DATE	07 ACTUAL COMP. DATE	08 ESTIMA	ATED COST	09 ACTUAL COST
MONTH DAY YEAR	MONTH DAY YEAR	MONTH DAY YEAR			
10 SOURCES OF FUNDING A. SOURCE	AMOUN'	Γ Ι	B SOURCE		AMOUNT
11 NARRATIVE DESCRIPTION	74110011		5. 000110E		ANIOOR1
12 SOURCE OF INFORMATION	 				
01 TYPE OF ACTIVITY (Check or	10)		·	02 RESPONSE/REMOVAL AC	TIVITY
	ONSE D. B. PLANNED REMO	OVAL 🗆 C. IMMEDIATE RE	MOVAL		
03 LEAD AGENCY		04 PARTICIPATING AGEN	ICIES		
05 START DATE	06 EST. COMP. DATE	07 ACTUAL COMP. DATE	08 ESTIMA	TED COST	09 ACTUAL COST
MONTH DAY YEAR	MONTH DAY YEAR	MONTH DAY YEAR			
10 SOURCES OF FUNDING A. SOURCE			B. SOURCE		AMOUNT
11 NARRATIVE DESCRIPTION					
12 SOURCE OF INFORMATION					
01 TYPE OF ACTIVITY (Check on A. REMEDIAL RESPO	DNSE D. B. PLANNED REMO	OVAL C. IMMEDIATE RE	MOVAL	02 RESPONSE/REMOVAL AC	TIVITY
03 LEAD AGENCY		04 PARTICIPATING AGEN	ICIES		
05 START DATE	06 EST. COMP. DATE	07 ACTUAL COMP. DATE	08 ESTIMA	TED COST	09 ACTUAL COST
MONTH DAY YEAR	MONTH DAY YEAR	MONTH DAY YEAR	1.		1
10 SOURCES OF FUNDING A. SOURCE	AMOUNT		B. SOURCE		AMOUNT
11 NARRATIVE DESCRIPTION					
I - I - ALTICIA I I TE DESCRIE FICIN					